

1 HOUSE BILL NO. 422

2 INTRODUCED BY R. EHLI

3
4 A BILL FOR AN ACT ENTITLED: "AN ACT CREATING A PILOT PROJECT TO IMPROVE OUTCOMES FOR
5 YOUTH IN THE CHILDREN'S MENTAL HEALTH SYSTEM; CREATING A TASK FORCE ON
6 EVIDENCE-BASED OUTCOMES; ESTABLISHING THE DUTIES OF THE TASK FORCE; PROVIDING FOR
7 PUBLIC PARTICIPATION IN DEVELOPMENT OF EVIDENCE-BASED OUTCOMES MODELS; REQUIRING
8 COLLECTION AND ANALYSIS OF DATA; PROVIDING FOR DEVELOPMENT OF OPTIONS FOR
9 PERFORMANCE-BASED REIMBURSEMENT; AND PROVIDING AN EFFECTIVE DATE AND A TERMINATION
10 DATE."

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12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

13

14 **NEW SECTION. Section 1. Improved youth outcomes for children's mental health services --**
15 **legislative purpose.** (1) The legislature finds that implementing a pilot project for improved youth outcomes may
16 benefit Montana youth who are in the children's mental health system because experiences in other states show
17 that linking provider payments to desired outcomes and quality improvements may result in improved access to
18 care, better integration and coordination of services, child-centered and family-focused planning, earlier and less
19 restrictive interventions, and a reduced number of treatment days.

20 (2) The department of public health and human services shall establish a pilot project for improving and
21 tracking evidence-based outcomes for providers of children's mental health services and developing
22 performance-based reimbursement options for providers that are identified by the task force on improved youth
23 outcomes. The department shall develop the pilot project in accordance with the provisions of [sections 1 through
24 5].

25 (3) The department of public health and human services shall collect and analyze existing performance
26 data from existing providers and data related to the pilot project in order to determine its effectiveness and to
27 evaluate whether the use of performance-based reimbursement for services should be extended to other
28 services, geographic regions, or populations.

29 (4) The purpose of the pilot project is to:

30 (a) improve youth outcomes by stabilizing youth and their families with appropriate services and

1 supports;

2 (b) improve the partnership and collaborative efforts between the department of public health and human
3 services and providers of children's mental health services; and

4 (c) link documented outcomes to performance-based reimbursement options for providers, including but
5 not limited to improvements in:

6 (i) achieving quality benchmarks;

7 (ii) integration and coordination of care;

8 (iii) individualized treatment and care plans;

9 (iv) focus on community-based services;

10 (v) efforts to ensure recovery and permanent placement for children who are receiving medicaid mental
11 health services or who are in foster care under the supervision of the state; and

12 (vi) cost control.

13 (5) The legislature shall review the results of the pilot project to determine:

14 (a) if the project should be continued or expanded; and

15 (b) whether modifications are needed before the use of any evidence-based outcomes model is
16 expanded to include additional children, providers, or services.

17

18 **NEW SECTION. Section 2. Scope of pilot project.** (1) The pilot project for improved youth outcomes
19 provided for in [sections 1 through 5] may be designed to include services to children who are:

20 (a) enrolled in medicaid or the healthy Montana kids plan; or

21 (b) in foster care under the supervision of the state.

22 (2) Providers are eligible to participate in the pilot project if they:

23 (a) offer services to youth with serious emotional disturbance as defined by the department of public
24 health and human services by rule;

25 (b) are licensed as:

26 (i) a mental health center as defined in 50-5-101;

27 (ii) a psychiatric residential treatment facility as defined by the department by rule; or

28 (iii) a child-placing agency under Title 52, chapter 8, part 1.

29 (3) (a) The pilot project may be limited in scope to a specific:

30 (i) number of children; and

1 (ii) geographic region.

2 (b) The geographic region must include both rural and urban populations.

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4 **NEW SECTION. Section 3. Task force for improved youth outcomes -- membership -- meetings**

5 **-- reimbursement.** (1) There is a task force for improved youth outcomes that shall work with the department
6 of public health and human services to design an evidence-based outcomes system for services provided to
7 children who are eligible under [sections 1 through 5].

8 (2) The task force consists of 15 members appointed no later than August 1, 2015, as follows:

9 (a) 11 members appointed by the governor;

10 (b) two legislative members appointed by the senate committee on committees and each representing
11 a different political party; and

12 (c) two legislative members appointed by the speaker of the house and each representing a different
13 political party.

14 (3) The governor shall appoint as members:

15 (a) five providers of children's mental health services representing each of the five children's mental
16 health service regions established by the department of public health and human services;

17 (b) two family members of children who have received medicaid-funded mental health services;

18 (c) one representative of the Montana university system who has experience in measuring outcomes
19 for children; and

20 (d) three representatives of the department of public health and human services as follows:

21 (i) one representative of the children's mental health bureau;

22 (ii) one representative of the child and family services division; and

23 (iii) one representative of the medicaid and health services branch.

24 (4) The governor shall solicit recommendations for the appointment of provider members of the task force
25 from associations representing providers of children's mental health services.

26 (5) Task force members shall elect a presiding officer at the first meeting.

27 (6) (a) Except as provided in subsection (6)(b), the task force shall meet at least six times per year.
28 Meetings must be held in Helena and may be held by teleconference.

29 (b) If a majority of the task force determines that the task force is able to accomplish its work through
30 quarterly meetings, the task force may meet four times per year.

1 (7) (a) Legislative members of the task force are entitled to receive compensation as provided in 5-2-302
2 for each task force meeting.

3 (b) Except as provided in subsection (7)(c), task force members are entitled to reimbursement for
4 expenses as provided in 2-18-501 through 2-18-503.

5 (c) Task force members who are full-time salaried employees of the state are entitled to reimbursement
6 for expenses as provided in 2-18-501 through 2-18-503 only if a task force meeting under [section 4] is held
7 outside of Helena.

8 (8) Task force activities must be completed within the budget approved for the department of public
9 health and human services.

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11 NEW SECTION. **Section 4. Duties of task force.** (1) The task force for improved youth outcomes shall
12 recommend to the legislature a system for evidence-based outcomes for services provided to youth and options
13 for performance-based reimbursement for providers.

14 (2) The task force shall adopt a short-term work plan and a long-term work plan that outline the scope
15 of work to be completed, including the recommendation of an appropriate performance-based reimbursement
16 model for the pilot project. Each work plan must include deadlines for completion of each item identified in the
17 work plan.

18 (3) In recommending an evidence-based outcomes model for children's mental health services, the task
19 force shall take into consideration:

20 (a) the current array of children's mental health services allowed for under the Montana medicaid state
21 plan and any data the department of public health and human services has collected regarding the effectiveness
22 of the services;

23 (b) the degree to which the array and effectiveness of services offered by a provider may factor into the
24 reimbursement the provider receives under the pilot project;

25 (c) potential incentives for and risks of the evidence-based outcomes model under review;

26 (d) existing data that may be relevant to development of the model;

27 (e) the types of data that must be collected to evaluate the effectiveness of the model; and

28 (f) the need for changes to the state's information technology systems in order to collect and analyze
29 data.

30 (4) The task force shall conduct at least one meeting with medicaid providers and other interested parties

1 to obtain comment on the elements of an evidence-based outcomes model that:

2 (a) will best meet the needs of Montana children; and

3 (b) takes into account the geographic and demographic features of the state.

4 (5) The task force shall recommend a model after reviewing, in conjunction with the department of public
5 health and human services:

6 (a) the current medicaid reimbursement system for the services covered by [sections 1 through 5];

7 (b) the department's system for collecting data related to children's mental health services and payments
8 for the services;

9 (c) evidence-based outcomes and performance-based reimbursement models used by other states,
10 including enhanced tier payment systems; and

11 (d) public comment submitted to the task force.

12 (6) The task force shall make a recommendation to the 2017 legislature on the scope of the pilot project
13 as determined under [section 2(3)].

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15 **NEW SECTION. Section 5. Pilot project timeline -- reporting requirement.** (1) The task force for
16 improved youth outcomes shall:

17 (a) complete the short-term and long-term work plans required under [section 4] by December 2015;

18 (b) develop proposed legislation that contains an evidenced-based outcomes model and identifies other
19 elements of the proposed pilot project, including performance-based reimbursement options, for consideration
20 by the 2017 legislature and implementation on July 1, 2017; and

21 (c) develop recommendations for the 2019 legislature on the continuation or expansion of the pilot project
22 based on the collection and analysis of data related to the pilot project and recommendations on any
23 modifications needed before the evidenced-based outcomes model is expanded to include additional children,
24 providers, or services.

25 (2) The task force in conjunction with the department of public health and human services shall provide
26 quarterly reports to the children, families, health, and human services interim committee on:

27 (a) the work of the task force;

28 (b) the status of legislative proposals; and

29 (c) data related to the defined benchmarks and outcomes of the evidence-based outcomes pilot project.

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1 NEW SECTION. **Section 6. Codification instruction.** [Sections 1 through 5] are intended to be codified
2 as an integral part of Title 53, chapter 6, and the provisions of Title 53, chapter 6, apply to [sections 1 through 5].

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4 NEW SECTION. **Section 7. Effective date.** [This act] is effective July 1, 2015.

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6 NEW SECTION. **Section 8. Termination.** [This act] terminates June 30, 2019.

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